



EMERGENCY SERVICE MEMBERS – COVID-19 UNPROTECTED EXPOSURE GUIDELINES **REVISED – DECEMBER 8, 2020**

THIS BULLETIN IS BEING ISSUED TO ASSIST POLICE, FIRE, AND EMS CHIEFS IN DECIDING IF A MEMBER OF SERVICE NEEDS TO BE SELF-MONITORING, QUARANTINED, AND/OR TESTED FOR COVID-19. WHILE THIS INFORMATION IS THE MOST ACCURATE AT THIS TIME, THIS SITUATION IS FLUID AND IS SUBJECT TO CHANGE BASED ON FACTORS INCLUDING COMMUNITY SPREAD, PPE AVAILABILITY, AND STATEWIDE RESOURCES. DEPARTMENT HEADS ARE ENCOURAGED TO USE SOUND JUDGEMENT AND THE PRINCIPALS OUTLINED IN THIS GUIDANCE DOCUMENT TO ASSESS RISK AND DETERMINE IF THERE IS A NEED FOR WORK RESTRICTIONS. THIS IS ONLY A GUIDE, AND SHOULD NOT BE USED TO SUBSTITUTE A CHIEF'S DISCRETION OR THE ADVICE OF A MEDICAL PROFESSIONAL.

Referenced language:

Unprotected exposures are those exposures during which a Member of Service is not wearing all required Personal Protective Equipment (PPE) and has a prolonged close contact with another person. This PPE includes a face mask (or higher respiratory protection), eye protection, gloves, and a gown. Follow the chart at the end of this document to assess the level of risk. If your Member experiences an unprotected exposure (other than low risk), follow the algorithms at the end of this document.

Low-Risk exposures refer to brief interactions with symptomatic patients, or prolonged close contact who was wearing a face mask, and the Member was wearing a face mask (eye protection, and gloves further decrease risk).

Protected exposures are those exposures where the Member is wearing the proper PPE (face mask, eye protection, gloves, and gown). **These exposures do not require any further action.**

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they develop symptoms of COVID-19; no medical care is given.

Prolonged close contact has occurred when:

- You were within 6 feet of someone who has COVID-19 for a total (cumulative) of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

Symptoms of COVID-19 include the following: fever, cough, shortness of breath/difficulty breathing, fatigue, chills, nausea, muscle or body aches and/or headache, new loss of taste or smell, sore throat, congestion or runny nose, vomiting, or diarrhea.

Unprotected Exposure Algorithms: Below are three separate and circumstantially specific algorithms that provide guidance on how to plan for and if necessary, react to the exposure or potential exposure of a Member to someone with COVID-19. **Members involved in a low risk exposure do not need to follow the algorithms. The Member need only to self-monitor for any symptoms twice daily.** Members are reminded to report the first sign of any COVID-19 symptoms to their immediate supervisors.

For those Members providing EMS/healthcare services, guidance from the CDC for assessing risk and managing healthcare personnel with potential COVID-19 exposure should be followed. While we are currently recommending quarantine for asymptomatic members under algorithm #1 and #2, we may reach a point where

employers have exposed essential Members wear a facemask while at work for the 10 days after the exposure event if there is a sufficient supply of facemasks and critical mass is reached on essential staffing. If Members develop even mild symptoms consistent with COVID-19, **or at any time test positive**, they must cease all work activities, and notify their supervisor prior to leaving work.

For complete CDC quarantine guidance information, please reference the websites provided below:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

Risk of Exposure to Provider and Staff		
Elements of Personal Protective Equipment (PPE) Worn by Provider/Staff	Patient Wearing Surgical Mask	Patient not wearing mask or intermittently pulling off mask
No PPE <input type="radio"/> Respirator* <input type="radio"/> Eye Protection <input type="radio"/> Gown/Gloves	MEDIUM	HIGH
No Respirator <input type="radio"/> Respirator* <input checked="" type="radio"/> Eye Protection <input checked="" type="radio"/> Gown/Gloves	MEDIUM	HIGH
No Eye Protection <input checked="" type="radio"/> Respirator* <input type="radio"/> Eye Protection <input checked="" type="radio"/> Gown/Gloves	LOW	MEDIUM
No Gown/Gloves <i>(unless prolonged body contact)</i> <input checked="" type="radio"/> Respirator* <input checked="" type="radio"/> Eye Protection <input type="radio"/> Gown/Gloves	LOW	LOW

- The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).
- The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).

High- and Medium-risk Exposure Category

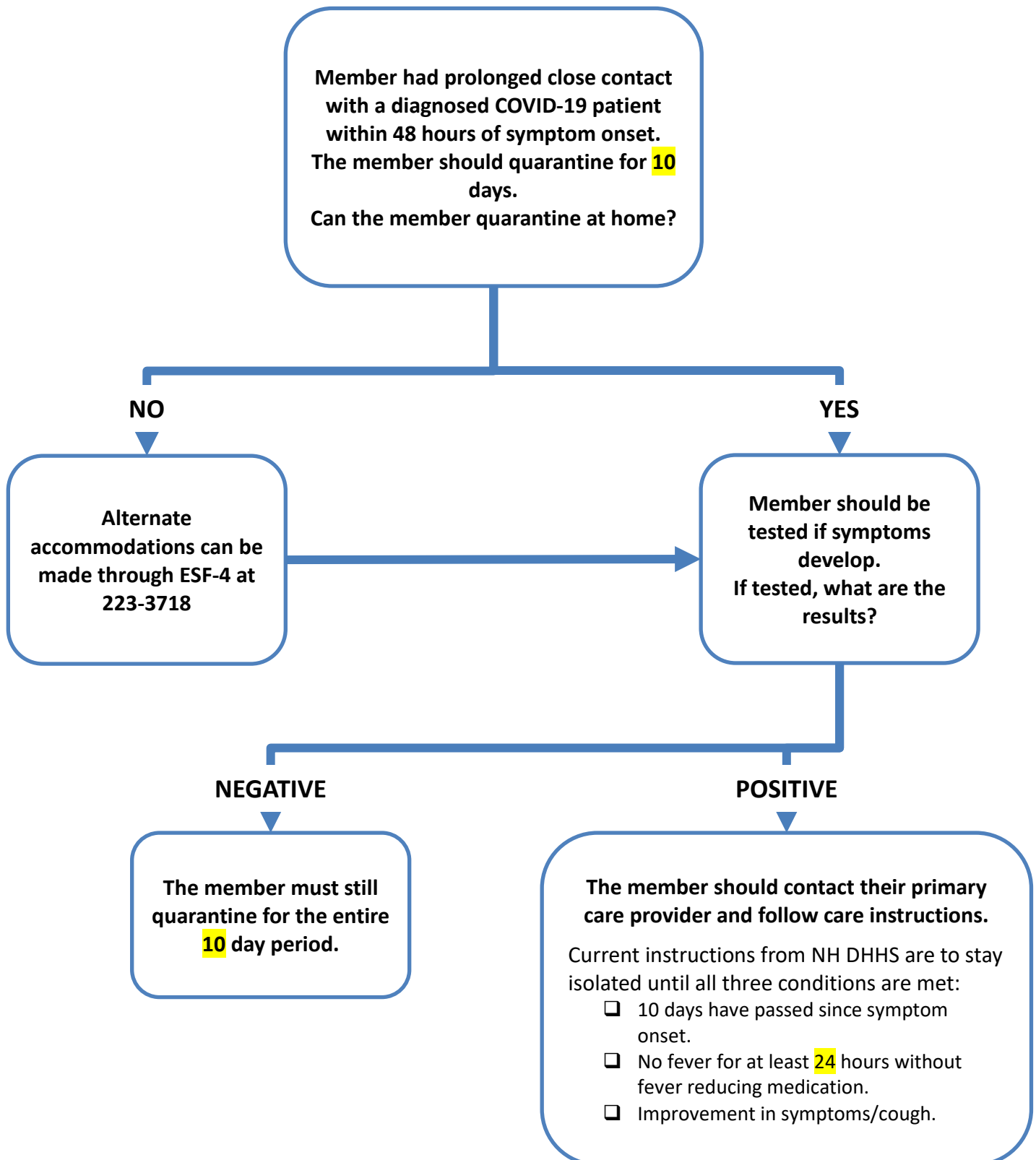
HCP in the high- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 10 days after their last exposure. If they develop any fever (measured temperature >100.0°F or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)* they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

Low-risk Exposure Category

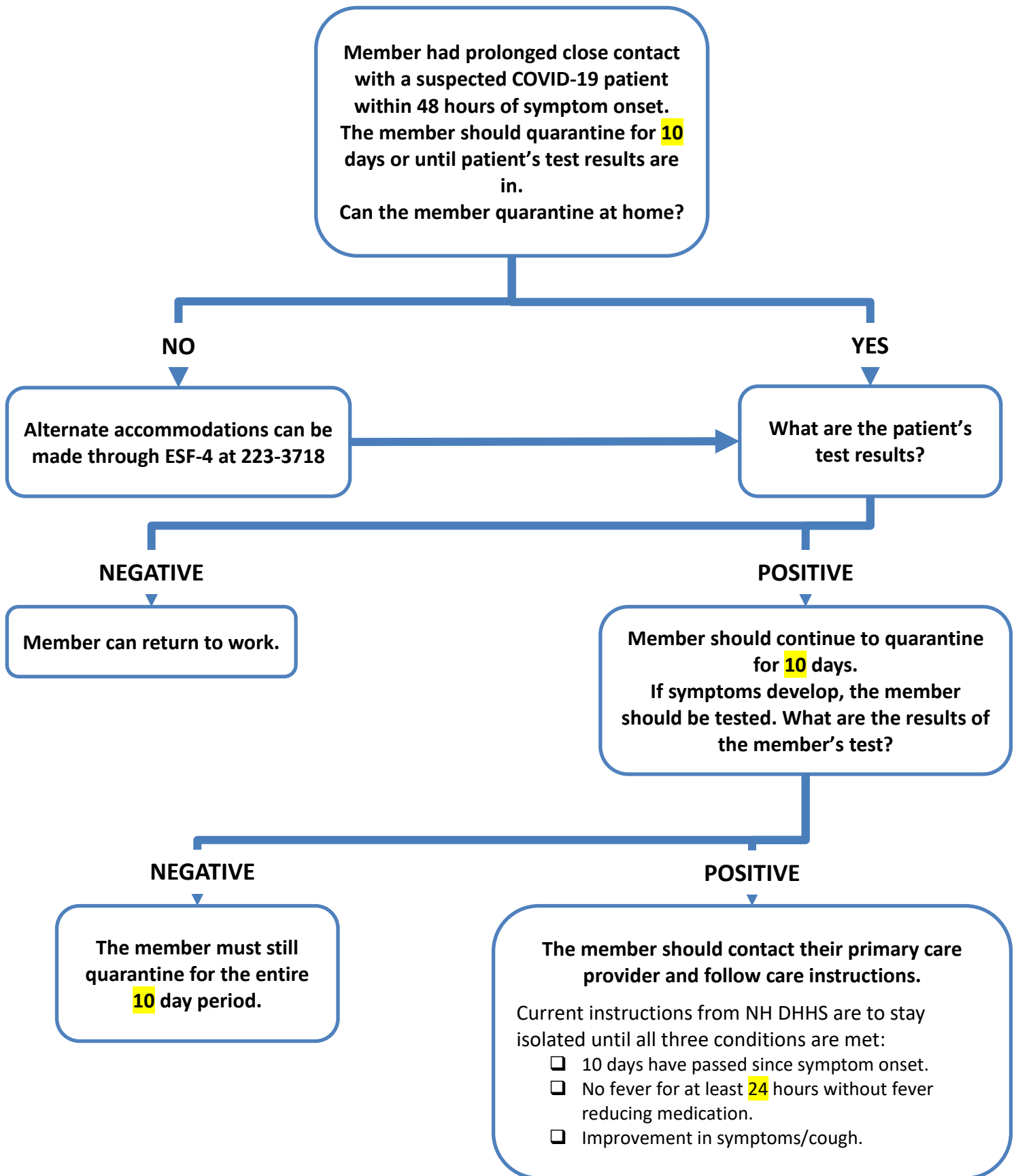
HCP in the low-risk category should perform self-monitoring with delegated supervision until 10 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)*. They should ensure they are afebrile and asymptomatic before leaving home and reporting

for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

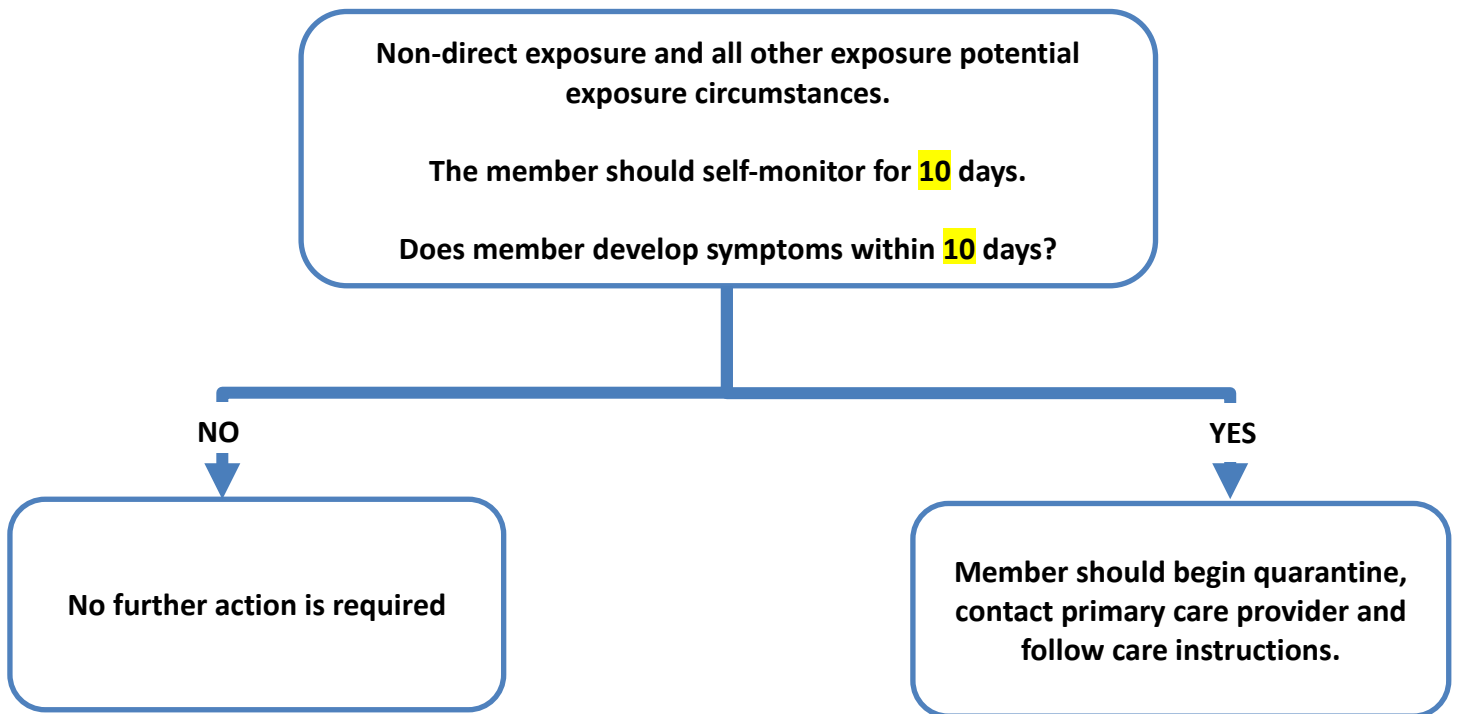
UNPROTECTED EXPOSURE – CONFIRMED COVID-19 PATIENT - ALGORITHM #1



UNPROTECTED EXPOSURE – SUSPECTED COVID-19 PATIENT - ALGORITHM #2



UNPROTECTED EXPOSURE – NON-DIRECT CONTACT - ALGORITHM #3



ASYMPTOMATIC MEMBER QUARANTINE GUIDANCE

1. If a member is required to quarantine due to a prolonged close contact with either a positive COVID-19 patient or a suspected positive COVID-19 patient in following Algorithms 1 or 2 and they do not develop symptoms they will still need to complete the 10-day quarantine. Members cannot test out of contact required quarantine.
2. If through testing, a member receives a positive result but is asymptomatic they must start the 10-day quarantine from the date that they were tested.

OTHER EXAMPLES:

1. A Member has dinner with his sister, the next day he finds out that his sister visited her friend over the last couple of days and her friend has since been diagnosed with COVID-19. Neither the Member nor his sister are exhibiting any symptoms. The member does not need to quarantine unless the member or his sister develops symptoms.
2. A Member treats a patient with no COVID-19 symptoms and later learns that the patient had recently been in contact with someone who has been diagnosed with COVID-19. The COVID-19 subject was exhibiting symptoms during the contact with the patient. The Member is not exhibiting any symptoms. The member does not need to quarantine.
3. A Member treats a patient with no COVID-19 symptoms and later learns the patient recently returned from a trip out of the country, the Member is not exhibiting any symptoms. The member does not need to quarantine.
4. A Member's close family member who lives in the same residence has been in contact with someone who has a confirmed case of COVID-19. This family member must self-quarantine for 10 days and monitor

for any symptoms. The member does not also need to quarantine unless the family member develops symptoms.

5. Members are working together through a shift, in the middle of the shift one member develops COVID-19 symptoms and is sent home for the remainder of the shift. The remaining Members need to evaluate the contact that they had with the symptomatic Member throughout the shift. If they had prolonged close contact, (as defined on page 1 of this document), then they should refer to Algorithm 2 for guidance on how respond to the possible exposure. If they did not have prolonged close contact for any significant amount of time then the Member should refer to Algorithm 3 for guidance on how to respond to the possible exposure. Any other Member who had prolonged close contact with the symptomatic Member within the last 48 hours must also follow Algorithm 2.